

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 11 PM 5:47

DOCUMENT # N97000001209

1. Corporation Name

BLUERIDGE ESTATES HOMEOWNERS ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

333 CAMP NEBO ROAD
HOLT FL 32564

333 CAMP NEBO ROAD
HOLT FL 32564



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/26/1997

5. FEI Number

APPLIED FOR

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP- PD	SENTERFITT, OLEN SR Terrando, Anthony	333 CAMP NEBO ROAD 1017 D Creel Street	HOLT FL 32564 Fort Walton Beach, FL 32547
ST VPD	SENTERFITT, LINDA Harmer, Janet	333 CAMP NEBO ROAD 1023 Blue Ridge Drive	HOLT FL 32564 Fort Walton Beach, FL 32547
VPT S/T/D	SENTERFITT, OLEN JR Peck, Jody L	333 CAMP NEBO ROAD 1826 Sod Drive	HOLT FL 32564 Fort Walton Beach, FL 32547

8. Name and Address of Current Registered Agent

SENTERFITT, OLEN SR
333 CAMP NEBO ROAD
HOLT FL 32564
Peck, Jody L.

9. Name and Address of New Registered Agent

Name
Peck, Jody L.
Street Address (P.O. Box Number is Not Acceptable)
1826 Sod Drive
Suite, Apt. #, Etc.

City
Fort Walton Beach

State
FL

Zip Code
32547

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Jody L. Peck
REGISTERED AGENT MUST SIGN

Date

12/9/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jody L. Peck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/9/00 (850) 244-2332

Daytime Phone #

x224

Ref N97000001209

Bluebridge Estates Homeowners Assoc.

We sent the 2000 Uniform Business Report on 5/2/2000. Submitted it was check # 1522 for \$61.25. This check had been cashed by your organization.

I have also found out that we do not require an FEI number.

I called your number listed in the brochure (850) 487-6059, and they stated to have me request the waiver of fee as we had paid on time.

Thank you. If you have any questions please feel free to contact me at
(850) 244-2332 x 224 (w) or (850) 864-3601 (h)

Thank you,
John L. Beck
Treasurer/Secretary